



# Massachusetts Department of Environmental Protection

Bureau of Air & Waste

Underground Storage Tank (UST) Program

## UST6 – System Removal/Closure in Place

UST Facility Name \_\_\_\_\_

UST Facility ID # \_\_\_\_\_

### Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### Notes:

- Make additional copies as needed.

- If you are replacing a removed tank with a new tank in the same location at the facility, you must register the new tank with MassDEP.

- For abandoned or unregistered tanks, answer the questions in the appropriate sections. There will be no UST Facility Number assigned to tank systems found at unregistered facilities.

**Check the appropriate action(s) below. Complete *ONLY* the appropriate section(s) and submit with the UST1-Cover Sheet/Certification Form.**

☐ UST System Removal/Closure  
Sections A.1. & B.

☐ UST System Permanent Closure in Place  
Sections A.2. & B

☐ Removal of Abandoned/Unregistered UST System  
Sections A.1., A.3. & B.

☐ Permanent Closure of Abandoned/Unregistered UST System  
Sections A.2., A.3. & B

### A. UST System Removal/Closure

1. UST System Removal				
	Tank ID	Tank ID	Tank ID	Tank ID
a. Date of tank removal:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
b. Were all regulated substances removed from the tank managed per applicable requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Was the tank system rendered inert per 310 CMR 80.47?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Were all openings secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Was all piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Capacity of Tank:	Gallons	Gallons	Gallons	Gallons

2. UST System Permanent Closure in Place				
	Tank ID	Tank ID	Tank ID	Tank ID
a. Date of closure in place:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
b. Has a registered professional civil or structural engineer determined that the tank cannot be removed without endangering the structural integrity of another UST system, structure, underground piping or underground utilities, per 310 CMR 80.43(3)(a)(1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Were all regulated substances removed from the tank managed per applicable requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Was the tank system rendered inert per 310 CMR 80.47?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Was the tank filled with appropriate material (e.g. concrete slurry mix or approved inert material)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Capacity of Tank:	Gallons	Gallons	Gallons	Gallons



# Massachusetts Department of Environmental Protection

Bureau of Air & Waste

Underground Storage Tank (UST) Program

## UST6 – System Removal/Closure in Place

UST Facility Name

UST Facility ID #

### A. UST Removal/Closure (continued)

#### Notes:

• Make additional copies as needed.

• Removal/closure of a **consumptive use** tank with a capacity of greater than 1,100 gallons must comply with the requirements of 310 CMR 80.43 & 80.47

3. Removal/Permanent Closure of Abandoned/Unregistered UST System				
	Tank 1	Tank 2	Tank 3	Tank 4
If unregistered, where was this tank located?	Longitude	Longitude	Longitude	Longitude
	Latitude	Latitude	Latitude	Latitude

### B. Assessment of Release at Removal or Closure

	Tank ID	Tank ID	Tank ID	Tank ID
Was an assessment conducted in accordance with 310 CMR 80.43(4) within 24 hours of the removal or before the closure in place was completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No